

CASE REPORT

A Case of Genital Self-mutilation Committed Before Suicide



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KEYWORDS

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Abstract Male genital self-mutilation (GSM) is a rare, but serious phenomenon. Some of the risk factors for this act are: presence of religious delusions, command hallucinations, low self-esteem and feelings of guilt associated with sexual offences. Other risk factors include failures in the male role, problems in the early developmental period, such as experiencing difficulties in male identification and persistence of incestuous desires; depression and having a history of GSM. We present a case of a suicide wherein the deceased before committing the suicidal act had GSM.

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1. Introduction

Injuries that are deliberately self-inflicted are common and their examination is a frequent task for both clinical forensic practitioners and forensic pathologists. These events consist of suicide, attempted suicide and suicidal gestures, the latter lacking the intention to kill, though death may inadvertently ensue.¹ Psychotic individuals may use edged weapons to mutilate either themselves or others. Mutilation usually involves the genitalia, ears, or nose. Non-psychotic individuals may mutilate as a warning, revenge, or to collect souvenirs (usually ears).² We present a case of suicide wherein the deceased before committing the suicidal act had genital self-mutilation (GSM).

2. Case report

The deceased (Fig. 1) aged 30 yrs was found hanging from the ceiling in his living room. External features of asphyxia were present. It was also noted that the deceased had nail polish on all his fingernails (Fig. 2). On removing the clothes, there was bleeding from the external genitalia (Fig. 3). There were multiple, superficial, parallel cuts present over the junction of the ventral aspect of the penis and scrotum (Fig. 4). At autopsy all the visceral organs were congested, and internal features of asphyxia were present.

On further investigation, a bloody kitchen knife was found in his house. This knife was the weapon used by the victim to inflict the injuries on his external genitalia. A suicide note written in a diary was found. He was divorced and a transvestite.

3. Discussion

Genital self-mutilators fall into three groups: psychotics (schizophrenics), transvestites, and patients with complex

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Figure 1 Deceased.



Figure 4 Genital self mutilation.



Figure 2 Nail polish on fingernails of the deceased.

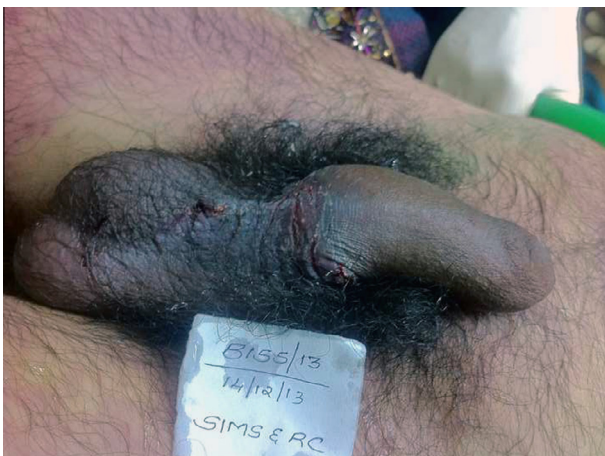


Figure 3 Bleeding from the external genitalia.

religious or cultural beliefs. These cases typically involve men. About 110 cases of GSM in men have been described in the literature. In the earlier publications, the majority of these patients were either psychotic or intoxicated during auto-mutilation.³⁻⁶ A review showed that guilt feelings

associated with sexual conflicts were the most important factors in the act of psychotic self-mutilation and were also related to religious psychotic experiences that were often the direct motives for the act. Self-mutilators with sexual guilt feelings were likely to mutilate themselves more severely than those without.⁴ Suyemoto and MacDonald estimated the incidence of self-mutilation in adolescents and young adults between the ages of 15 and 35 as 1800 individuals per 100,000.⁷ Srisont et al. reported a case of suicide by multiple self-cutting and self-stabbing over the chest and neck.⁸ The first report of GSM was in 1901 by Strock.⁹

Blacker and Wong identified six risk factors for male GSM: (1) absence of a competent male figure for identification during the early developmental period, (2) over-controlling mothers who encouraged their sons' masochistic behaviors, (3) pathological feminine behaviors of the male child, (4) repudiation of body image (especially the penis), (5) unresolved sexual conflicts and (6) anxiety and feelings of guilt often relieved by GSM. Atonement has recently been proposed as a new concept in formulating religiously themed psychotic male GSM.^{10,11} The eponym Klingsor syndrome has been used to describe the act of GSM associated with religious delusions.¹² Ample information on complete self amputation of the external genitalia is available in the literature. However, very little is mentioned about hesitation cuts over the external genitalia in the literature.

4. Conclusion

GSM before committing any suicidal act is usually seen in psychotic individuals. In the present case, the deceased was a transvestite and was not suffering from any delusions. Hence, it does not fit into the Klingsor syndrome. To sum up, in cases like the one reported here, it is important for the investigating forensic pathologist to keep in mind the usual sites of self harming on the body.

Funding

None.

Conflict of interest

None declared.

Informed consent

Informed consent to publish this case report was obtained from the father of the deceased.

Ethical approval

Necessary ethical approval was obtained from the institute's ethics committee.

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